



The undersigned hereby makes application for City of Safford license to do business within the City of Safford, Arizona, pursuant to Section 9-240(B) (18 & 19), Arizona Revised Statutes and Chapter 5.24 of the City of Safford Municipal Code.

Please print or type form.

APPLICANT INFORMATION:

Full Name of Applicant: AZ DL#
Applicant's Home Address: Home Phone:
Firm or Business Name: Business Phone:
Business Address:
Business Mailing Address:
Federal Tax ID Number: (Federal EIN if applicable or owner's social security number)
State of Arizona Transaction Privilege Tax No (TPT#):
Contractor's License Number:
Detailed description of business:

BUSINESS INFORMATION:

Dates/times and at what intervals you plan to conduct business: The location(s) at which you plan to conduct the business:

Will a vehicle be used to distribute? Yes No If yes: Make Style Year License Plate Number

Do you own the property on which the business will be conducted? Yes No
If no, submit written permission or other documentation demonstrating authorization for the business.

EMERGENCY CONTACT PERSON:

Name: Address: Phone:

I hereby certify that the statements herein are true and complete, and that this business is in compliance with any and all regulations of the described business.

SIGNATURE OF APPLICANT: DATE:

Fees Municipal Code, Section 5.24.070: All transient merchants shall pay a license tax of \$50.00 during any one quarter of a fiscal year.

MAKE CHECK OR MONEY ORDER PAYABLE TO: City of Safford, P.O. Box 272, Safford, AZ 85548

Questions regarding this form? Contact the Clerk's Office at 928-432-4005

- ZONING OFFICE USE ONLY -
Reviewed for zoning compliance by: Approved: Yes No Date:
If "No" reason for disapproval:
- CLERK'S OFFICE USE ONLY -
Receipt/License No: Fee Paid: City Clerk's Office Date
COI Health Permit Driver's License Permission Letter from Land Owner